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maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 08/03/2004 7590 Michael G Voorhees Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. Zarley McKee Thomte Voorhees & Sease **Suite 3200** 801 Grand Avenue (Depositor's name Des Moines, IA 50309-2721 JANE WAGNER (Signature (Date FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. APPLICATION NO. P04589US0 09/20/2000 6043 09/666,733 James A. Creighton 08/26/2004 BABRAHA2 00000072 09666733 TITLE OF INVENTION: BI-DIRECTIONAL CUTTING OR TTRIMMING KNIFE 01 FC:2501 665.00 UP PURI ICATION FEE TOTAL FEE(S) DUE ADDING TVDE CMALL ENTITY ICCUIE FEE DATE DUE

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7	Change of correspondence	e address or indication of "I	Fee Address" (37	2. For printing on the	natent front page.	list .	

- CFR 1.363).
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- 801 Grand Ave., Suite 3200 (2) the name of a single firm (having as a member a segistered attorney or agent) and the names of up the S MOINES, IOWA 50309-2721 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
- 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

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JAMES A. CREIGHTON

DES MOINES, IOWA

4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):					
☐ Issue Fee	X A check in the amount of the fee(s) is enclosed.					
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Advance Order - # of Copies	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 26-0084 (enclose an extra copy of this form).					
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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	☐ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).					

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

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8-19-04

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